OPHTHALMOLOGY

UNDER THE CHARGE OF
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Insects as Possible Carriers of Poliomyelitis Infection.—C. T. Brues (*Department of Health, New York City, Reprint Series, No.* 60, *July,* 1917) states that some new facts of interest and importance relating to the possible transmission of poliomyelitis by insects have resulted from his study of the epidemic of poliomyelitis in New York City during the summer of 1916, but these facts are not so definite or complete as had been hoped. They are also to some extent of apparently conflicting nature, and require at least one unproven assumption to combine them into any working hypothesis. They do not completely disprove the idea that the table-fly (Stomoxys calcitrans) is implicated, although the behavior of the epidemic does not favor this view. The author thinks that to discard the insect-borne hypothesis is to cast aside evidence derived from two sets of experiments, and he regards it unwise to do this at the present time of uncertainty. As suggested by Richardson, it is possible with one assumption to form a working hypothesis based upon rats and fleas which seem to fit the epidemiological observations in general features and in many details as well. The assumption that the rat can act as a reservoir for the poliomyelitis virus should be capable of experimental proof, and it would seem that such experiments should be attempted. This by no means precludes the association of some other insect or warm-blooded animal, or both. In fact, there is a continual appearance of circumstantial evidence that suggests a population other than the human one, acting as an undercurrent and influencing the progress of the epidemic. When the many factors so far in doubt are gradually made known, it will be possible to attack the entomological side of the question with better promise of success. Among the unknown factors which cause the greatest confusion in interpreting epidemiological evidence are (1) the length of the period of incubation; (2) the number of mild, abortive or unrecognizable cases and carriers of the virus and their relation to infection and immunity; (3) the duration of infectivity in clinically recognized cases; (4) positive knowledge of the presence of the infective agent in insects, domestic animals or other possible intermediate hosts or reservoirs of the virus.

The "Standardization" of Market Milk.—"Standardized" or "adjusted" milk is attracting much attention at the present time. Van Slyke (*Circular No.* 56, *New York Agricultural Experiment Station*) defines standardized milk as follows: "Standardized milk or adjusted milk is milk in which the original fat content has been changed, and also the ratio of fat to the other milk solids by the removal of milk-fat or by the addition of skim milk or by the addition of cream." All who have devoted any thought to the subject of adjusted or standardized milk are agreed (1) that promiscuous, uncontrolled standardization should not be considered under any circumstances; (2) that if such treatment of milk is permitted it should be controlled by law as completely as practicable; (3) that this must be done in order to prevent the obviously objectionable conditions which would result from lack of such control. Among the more important conditions that would be necessary to make standardization safe, Van Slyke recommends that no one should be permitted to prepare standardized milk for market purposes without a special State license; that such conditions of standardizing processes should be prescribed as would ensure no impairment of the sanitary quality of the milk. He further recommends that standardized milk should not be permitted to be sold unless it conforms with the legal minimum requirements in composition; that all containers of such milk should be marked with the words "Standardized" or "Adjusted." He also believes that it is all-important to place on every container of standardized or adjusted milk in plain figures the minimum percentage of fat in milk, which shall stand as a guarantee that the milk in the container contains no less than the specified amount of milk-fat. This would serve as a check to prevent adjusting the fat of market milk down close to the present legal minimum standard of 3 per cent. (in New York). It would enable every consumer of such milk to know the minimum percentage of fat in each lot of milk purchased. It would protect distributors and producers against unfair competition, it would have the tendency of helping to adjust or standardize the price of market milk in accordance with the composition of the milk furnished, and, more important still, the successful employment of such a method would probably have the ultimate effect of making the sale of milk on a guaranteed fat basis supersede entirely the present minimum legal standard method for all kinds of milk, whether normal or adjusted.

Total Symblepharon.—MORAX (*Ann. d'Oculist.*, cliv, 321) observes that whereas partial symblepharon can generally be managed readily, such is not the case in total symblepharon with complete abolition of a conjunctival sac. The formation of a new cavity for prothesis is a most difficult problem. The tendency to retraction and contraction of the orbital tissues is such that the most extensive and perfect graft suffers retraction such that the new cavity decreases greatly and may even disappear almost entirely. To obviate this tendency the author has devised a procedure which consists essentially in the formation of two wide "trap-doors," the raw surfaces of which are turned outward above and below by suturing their edges to the skin after freshening the latter. Wide epidermal grafts from the arm, thigh or abdominal wall are then applied to the raw surfaces. At the end of about three weeks the "trap-doors" are replaced and sutured together at their free margins after freshening. A shell of lead or enamel is placed and allowed to remain between the doors and the bottom of the cavity now covered with the graft. At the expiration of from six weeks to three months